

F A C S I M I L E

TO: USPTO-CUSTOMER SERVICEFROM: PVTT INCORPORATED.Name: VERNON CARDWELLName: A. J. LemanskiFax #: 703-305-7658Fax #: ~~203-929-9522~~Pages: 3 INCL. THIS COVER PAGEDate/Time: 203-929-1505Phone No. 203-929-7743

MESSAGE:

ATTACHED PLEASE FIND THE FOLLOWING1.) "FEE ADDRESS" INDICATION FORM2.) REVOCATION OF POWER OF ATTORNEY

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## "FEE ADDRESS" INDICATION FORM

Address to:  
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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

ALPHONSE J. LEMANSKI  
1 KIMBERLY DRIVE  
HUNTINGTON, CT 06484  
UNITED STATES OF AMERICA

Payor No.: \_\_\_\_\_

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in the following listed application(s) or patent(s) for which the Issue Fee has been paid:

PATENT NUMBER (if known)	SERIAL NUMBER	PATENT DATE (if known)	U.S. FILING DATE
6,348,021	09/736,869	02/19/02	12/14/00

Typed name of person signing:

ALPHONSE J. LEMANSKI

Signed:

Alphonse J. Lemanski

(check one)



Owner of record



Owner's attorney or agent of record



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HUNTINGTON, CT 06484  
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